

Qualifying Statement of Intent INDEPENDENT CANDIDATE OFFICE OF COUNCILMAN

	I,	· 						
(Please print name, as it will appear on the ballot)								
	a qualified elector of the Municipality of				, Wa	ard No	·,	
	State of Mississippi; do hereby declare my candidacy as an independent candidate for the office							
	of Counc	ilman, Ward No	, at the General Elec	tion to be held	on			
		(Date of General)	.					
Name:				Date of Bir	th:	/	/	
	Last	First	Middle		Month	Day	Year	
Mailing	g Address:							
City, State, Zip Code								
Reside	ntial Addre	ess:						
City, State, Zip Code								
Phone	Number: ()	Email Ac	dress:				
	I hereby	certify that: (mark a	as applicable):					
		☐ I have never been convicted of bribery, perjury or other infamous crime, being defined as a crime punishable by confinement in the penitentiary.						
	☐ I have never been convicted of a felony in federal court after December 8, 1992, nor of a crim in the court of another state which is a felony in this state, after December 8, 1992, as provided in Section 44 of the Mississippi Constitution.							
	☐ I meet all constitutional, statutory and other legal requirements to hold said office.							
Signatu	are of Cano	lidate						
						L	Date	
Receive	ed by:							
		Signature	Title			L	Pate	
					STMN	RNAL OF IT OF INT W TION W CE		

DATE STAMP